

WSR 22-14-019

PERMANENT RULES

HEALTH CARE AUTHORITY

[Filed June 24, 2022, 9:23 a.m., effective August 1, 2022]

Effective Date of Rule: August 1, 2022.

Purpose: The agency is amending WAC 182-537-0600 to remove subsection (6), which requires participating school districts to provide local funding. The legislature changed the funding formula for school-based health services by removing the financial contribution requirement for school districts.

Citation of Rules Affected by this Order: Amending WAC 182-537-0600.

Statutory Authority for Adoption: RCW 41.05.021, 41.05.160.

Adopted under notice filed as WSR 22-11-005 on May 5, 2022.

Number of Sections Adopted in Order to Comply with Federal Statute: New 0, Amended 0, Repealed 0; Federal Rules or Standards: New 0, Amended 0, Repealed 0; or Recently Enacted State Statutes: New 0, Amended 0, Repealed 0.

Number of Sections Adopted at the Request of a Nongovernmental Entity: New 0, Amended 0, Repealed 0.

Number of Sections Adopted on the Agency's own Initiative: New 0, Amended 0, Repealed 0.

Number of Sections Adopted in Order to Clarify, Streamline, or Reform Agency Procedures: New 0, Amended 1, Repealed 0.

Number of Sections Adopted using Negotiated Rule Making: New 0, Amended 0, Repealed 0; Pilot Rule Making: New 0, Amended 0, Repealed 0; or Other Alternative Rule Making: New 0, Amended 1, Repealed 0.

Date Adopted: June 24, 2022.

Wendy Barcus
Rules Coordinator

OTS-3691.1

AMENDATORY SECTION (Amending WSR 20-14-062, filed 6/26/20, effective 7/27/20)

WAC 182-537-0600 School district requirements for billing and payment. To receive payment from the medicaid agency for providing school-based health care services (SBHS) to eligible children, a school district must:

- (1) Enroll as a billing provider in ProviderOne and have a current, signed core provider agreement (CPA) with the agency.
- (2) Have a current, signed, and executed SBHS contract with the agency.
- (3) Meet the applicable requirements in chapter 182-502 WAC.
- (4) Comply with the applicable requirements in the agency's current, published ProviderOne billing and resource guide.
- (5) Bill according to the agency's current SBHS billing guide and the SBHS fee schedule.
- (6) ~~((Comply with the intergovernmental transfer (IGT) process. The school district must provide its local match to the agency within one hundred twenty days of the invoice date.~~

~~(a) If local match is not received within one hundred twenty days of the invoice date, the agency will deny claims.~~

~~(b) School districts may resubmit denied claims within twenty-four months from the date of service under WAC 182-502-0150.~~

~~(7))~~ Provide only early intervention or health care-related services identified through a current individualized education program (IEP) or individualized family service plan (IFSP).

~~((8))~~ (7) Use only licensed health care providers or nonlicensed people practicing under the supervision of a licensed provider under WAC 182-537-0350.

~~((9))~~ (8) Enroll licensed health care providers as servicing providers under the school district's ProviderOne account, and ensure providers have their own national provider identifier (NPI) number.

~~((10))~~ (9) Meet documentation requirements described in WAC 182-537-0700.

[Statutory Authority: RCW 41.05.021 and 41.05.160. WSR 20-14-062, § 182-537-0600, filed 6/26/20, effective 7/27/20; WSR 19-04-095, § 182-537-0600, filed 2/5/19, effective 3/8/19; WSR 16-07-141, § 182-537-0600, filed 3/23/16, effective 4/23/16. Statutory Authority: RCW 41.05.021, 34 C.F.R. 300.154(d), and chapter 182-502 WAC. WSR 13-21-079, § 182-537-0600, filed 10/17/13, effective 11/17/13. Statutory Authority: RCW 41.05.021. WSR 13-05-017, § 182-537-0600, filed 2/7/13, effective 3/10/13. WSR 11-14-075, recodified as § 182-537-0600, filed 6/30/11, effective 7/1/11. Statutory Authority: RCW 74.08.090, 74.09.500, and 42 C.F.R. 440.110. WSR 09-07-004, § 388-537-0600, filed 3/4/09, effective 4/4/09.]